



# Law Enforcement/ Mental Health Partnership Program



*The New York City Police Department responds to a call dispatched as involving a person with mental illness every*  
**6.5 minutes.<sup>1</sup>**

*In just one year, law enforcement officers in Florida transported more than*  
**40,000 people**  
*with mental illness for involuntary 72 hour psychiatric examinations under the Baker Act. That number exceeds the number of arrests made in the state during that same year for either aggravated assault or burglary.<sup>2</sup>*

## **Police frequently come into contact with people with untreated mental illness.**

Law enforcement officers across the country are all too familiar with repeated calls for service involving situations such as these: an unkempt woman pacing in front of a store, shouting obscenities, and frightening customers; a half-naked man attempting to direct traffic at a major intersection; a mother fearful for her own safety and desperate to get her son, who is 40 years old and lives at home, mental health treatment.

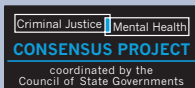
There are also the rare, but highly publicized, tragedies in which an encounter between a person with mental illness and police involves lethal force, and the police officer, the person with mental illness, or both, are seriously injured or killed.

In communities across the country, law enforcement officials are partnering with local mental health advocates and mental health service providers, developing strategies to make it easier for law enforcement to connect people with mental illness to much needed services and to minimize the likelihood that police encounters with people with mental illness result in injury or death.

The U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) has launched a law enforcement/mental health partnership program to help law enforcement officials learn more about the array of promising practices emerging across the country and to provide them with tools to develop initiatives in their own jurisdictions.

In 1988, the Memphis (TN) Police Department, working with members of the local Alliance for the Mentally Ill, designed a Crisis Intervention Team (CIT). Since the implementation of the CIT, the number of injuries sustained by officers and people with mental illness when they interact because the person with mental illness is in crisis has dropped significantly.<sup>3</sup> Today, CIT exists in approximately 400 departments nationwide. For more information on the Memphis CIT program, read a BJA program overview at <http://www.ncjrs.org/pdffiles1/bja/182501.pdf>.

## BJA, in partnership with



the Criminal Justice/Mental Health Consensus Project and with guidance from the Police Executive Research Forum, is helping promote, enhance, and disseminate technical resources as a service to state, local, and tribal governments nationwide.<sup>5</sup>

## Together with the Consensus Project and PERF, BJA will ...

### 1 | Provide training resources

#### **Policy brief on developing a training curriculum:**

A key component of a law enforcement effort to improve responses to people with mental illness is the development of an effective and comprehensive training curriculum. Toward this end, BJA is making available a guide that synthesizes existing specialized training used by departments across the country and recommends strategies for adapting certain components for local use. The guide includes modules corresponding with identified core elements of these training programs—de-escalation techniques, cues for recognizing mental illness, and consumer/family member perspectives—each of which contains a detailed content outline, trainer preparation suggestions, training techniques, and more.

#### **Policy brief on key considerations for effective law**

**enforcement training:** Specialized approaches to people with mental illness require officers to rethink policing practices and actively engage mental health partners. Officials can use this document to augment existing law enforcement curricula to ensure that training not only *informs*, but also *transforms* its participants.

### 2 | Facilitate peer-to-peer assistance

#### **Database of police-based mental health initiatives:**

Working with BJA, CSG and other organizations will compile a national inventory of police-based initiatives in communities. Available as an online database, the inventory will have a variety of “searchable” fields (e.g., rural/urban, CIT/other model, type of receiving center, etc). It will enable law enforcement officials to identify and communicate with their counterparts across the country who have valuable experience building and sustaining police/mental health partnerships.

### 3 | Promote best practices

#### **Policy brief on the essential elements of a police-based initiative to improve the response to people with mental**

**illness:** This document reflects the input of experts and practitioners in police-based programs. Modeled on the process for the “Essential Elements of a Mental Health Court” (<http://consensusproject.org/mhcourts/ee>), BJA will work with CSG and PERF to solicit input directly from the field. The resulting document will target both communities considering developing a police-based program as well as existing police-based programs; it will also suggest a system for assessing the existence of specific elements in a police-based program.

### 4 | Assist statewide efforts to coordinate local law enforcement efforts

#### **Policy brief on supporting the implementation of law enforcement initiatives at the state level:**

To support policymakers considering the implementation of statewide law enforcement initiatives, this brief will consider different approaches taken at the state level to support police-based responses across different localities; to leverage or coordinate resources among neighboring jurisdictions; to coordinate training at the state level; and to measure the impact or effectiveness of different initiatives.

**Training opportunities for states:** Working with BJA, CSG and PERF will offer direct technical assistance with representatives of three to five states who participate in a two-day conference designed to foster statewide implementation of police-based specialized responses to people with mental illness.

## For more information, visit the

Bureau of Justice Assistance web site: <http://www.ojp.usdoj.gov/BJA/>

Criminal Justice / Mental Health Consensus Project web site: <http://consensusproject.org/>



1. Unpublished statistic courtesy of Dr. James Fyfe, Director of Training, New York Police Department, provided in 2000.

2. Compared with over 40,000 people with mental illness transported by police for involuntary psychiatric examinations, 39,120 were arrested for aggravated assault and 26,087 for burglary. Annette C. McGaha, Paul G. Stiles, The Florida Mental Health Act (The Baker Act) 2000 Annual Report, Louis de la Parte Florida Mental Health Institute, July 2001.

3. Randolph DuPont and Sam Cochran, “Police Responses to Mental Health Emergencies—Barriers to Change,” *Journal of the American Academy of Psychiatry and Law*, 2000: V28, No. 3. The rate of injuries to officers during mental illness-related calls fell to .007 per 1000 incidences in the first three years of the program, from .035 per 1000 incidences in the three prior years. While

records on citizen injuries are not kept, case reports from the emergency service provider indicate that injuries to people with mental illness have likely decreased as well.

4. As is the case with all of BJA’s work on criminal justice/mental health issues, the efforts described above will be closely coordinated with the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services, as well as its technical assistance provider, the GAINS/TAPA Center for Jail Diversion.

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